

# **Erie County 2010 – 2011 Influenza Season Report**

**For the Week Ending 5/7/2011**



**ERIE COUNTY DEPARTMENT OF HEALTH**

**Division of Epidemiology**

**Anthony J. Billittier, IV, MD, FACEP  
Commissioner of Health**

# Influenza Surveillance

## Erie County Data

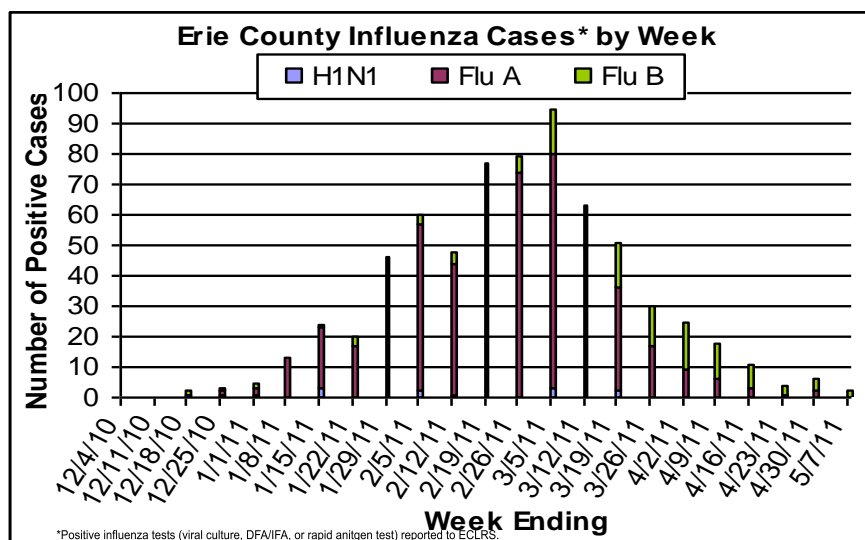
Key findings from current flu monitoring systems for the week ending May 7, 2011 include:

- The overall level of flu activity is currently low and appears to be decreasing when compared to last week.
- In recent weeks, the proportion of influenza B viruses identified has been increasing.
- The total number of pediatric influenza-associated deaths in Erie County since October 3, 2010, is 0.

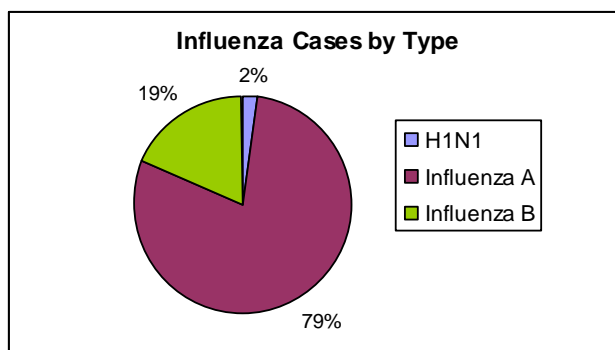
### A. Electronic Clinical Laboratory Reporting System (ECLRS)

Hospital, commercial, and public health laboratories report positive influenza tests via the New York State Department of Health's Electronic Clinical Laboratory Reporting System (ECLRS). Positive test results are shown below.

#### 1. Weekly Data



#### 2. Season to Date Data – 10/3/2010 to 5/7/2011



## B. Sentinel Surveillance

The Erie County Public Health Laboratory (ECPHL) has the capability to test for seasonal influenza A/H1 and A/H3, influenza B, and novel 2009 H1N1 influenza using rRT-PCR methods. Testing is performed for patients with influenza-like illness (ILI) at 6 sentinel outpatient sites (maximum of 10 specimens per site). In addition, the ECDOH performs testing for several additional respiratory pathogens for surveillance purposes. Positive test results are shown below.

### 1. Erie County Influenza Sentinel Surveillance System Testing

	Total Specimens Tested	Positive A/H1 Seasonal	Positive A/H3 Seasonal	Positive 2009 H1N1	Positive Influenza B
Week Ending 5/7/2011	0	0	0	0	0
Season to Date 10/3/11 - 5/7/11	231	0	45	11	19

### 2. Other Respiratory Pathogen testing using Sentinel Surveillance specimens

Test Date*	# of Specimens Tested	Respiratory syncytial virus	Adeno-virus	Human Meta-pneumovirus	Parainfluenza Virus		
					1	2	3
November	17	1	0	0	N/A	N/A	N/A
December	30	0	3	0	N/A	N/A	N/A
January	40	5	1	1	0	0	0
February	50	6	3	3	0	0	0
March	42	10	2	5	2	1	0
April	32	0	1	4	0	0	3
Total	211	22	10	13	2	1	3

\*Test Date is the date the lab testing was performed not specimen date.

RSV-Respiratory syncytial virus, HMPV-Human Metapneumovirus,

Adeno-Adenovirus, PIV1-Parainfluenza virus 1, PIV2-Parainfluenza virus 2,

PIV3-Parainfluenza virus 3

## New York State Data

Source: <http://www.health.ny.gov/diseases/communicable/influenza/surveillance/2010-2011/>

Key findings from current flu monitoring systems for the week ending April 30, 2011 include:

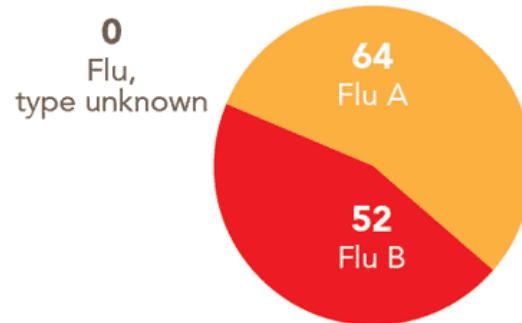
- The overall level of flu activity is currently low and appears to be decreasing when compared to last week.
- In recent weeks, the proportion of influenza B viruses has been increasing.
- The number of pediatric influenza-associated deaths in NYS (including NYC) is currently 0 reported this week.
- The total number of pediatric influenza-associated deaths in NYS (including NYC) since October 3, 2010, is 7.

## A. Summary of New York State-wide Influenza Testing

All laboratories (public, private, hospital, commercial, etc.) that perform testing on residents of the state report all positive flu test results.

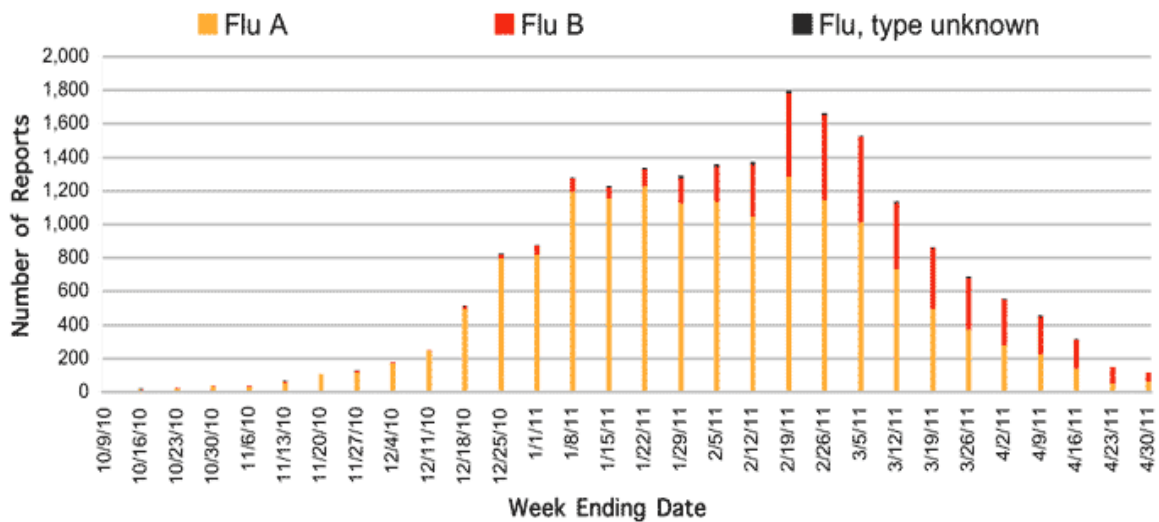
### 1. Weekly Data

#### All Positive Flu Reports for week ending 4/30/11



### 2. Season to Date

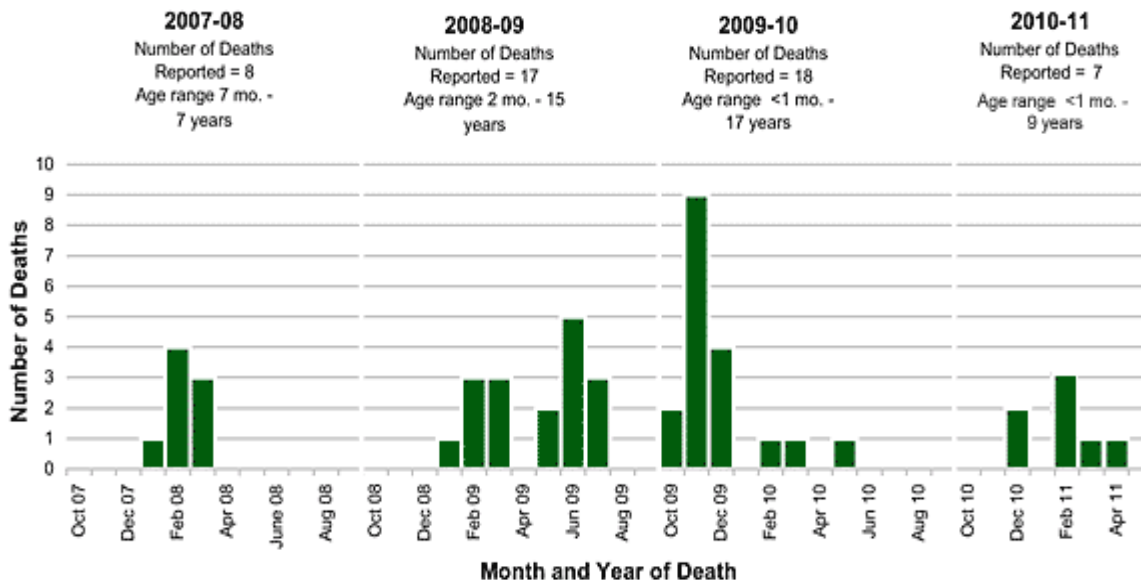
#### All Positive Flu Reports (season to date, by week)



## B. Pediatric Deaths Associated with Flu

Since December 2004, flu-associated deaths in children younger than 18 years old have been reportable in NYS. All pediatric flu-associated deaths included in this report are laboratory-confirmed.

## Pediatric Flu Deaths—Statewide (season to date, by month and year)



### National Data

Source: <http://www.cdc.gov/flu/weekly/>

Key findings from current flu monitoring systems for the week ending April 30, 2011 include:

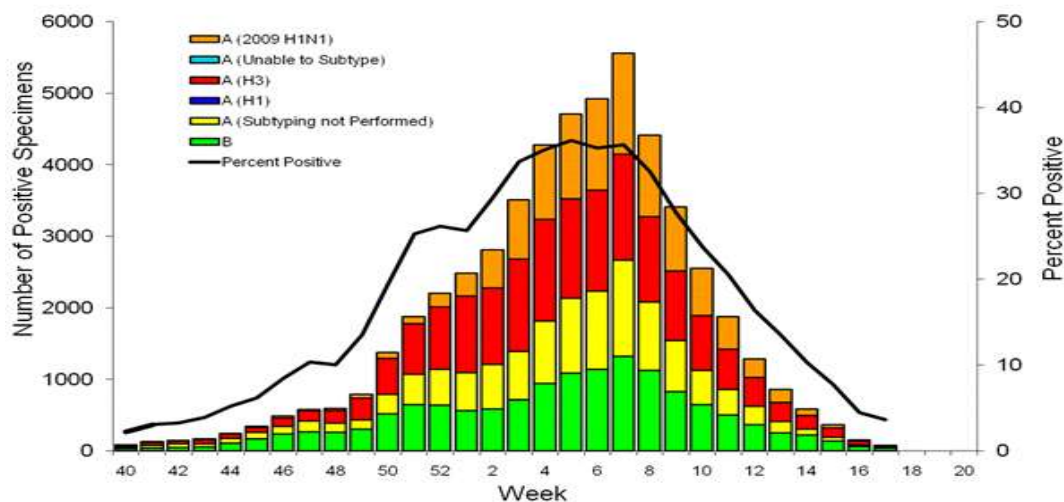
- During week 17 (April 24-30, 2011), influenza activity in the United States continued to decrease.
- Of the 1,901 specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division, 69 (3.6%) were positive for influenza.
- Three influenza-associated pediatric deaths were reported, bringing the season total to 100. One of these deaths was associated with a 2009 influenza A (H1N1) virus, one was associated with an influenza A virus for which the subtype was not determined, and one was associated with an influenza B virus.
- All 50 states and New York City experienced minimal ILI activity.
- The geographic spread of influenza in two states was reported as regional; the District of Columbia and seven states reported local influenza activity; Puerto Rico and 33 states reported sporadic influenza activity, and the U.S. Virgin Islands, Guam, and eight states reported no influenza activity.

## A. U.S. Virologic Surveillance:

The U. S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories located in all 50 states and Washington D.C. report to CDC the number of respiratory specimens tested for influenza and the number positive by influenza type and subtype.

All influenza types and subtypes were identified at high levels this season, but in recent weeks have circulated at much lower levels. The predominant virus has varied by week, region, and even between states within the same region. In recent weeks the proportion of influenza B viruses identified nationally and in some regions has been increasing and in week 17 at least half of all influenza-positive specimens as influenza B viruses. The results of the tests are summarized below.

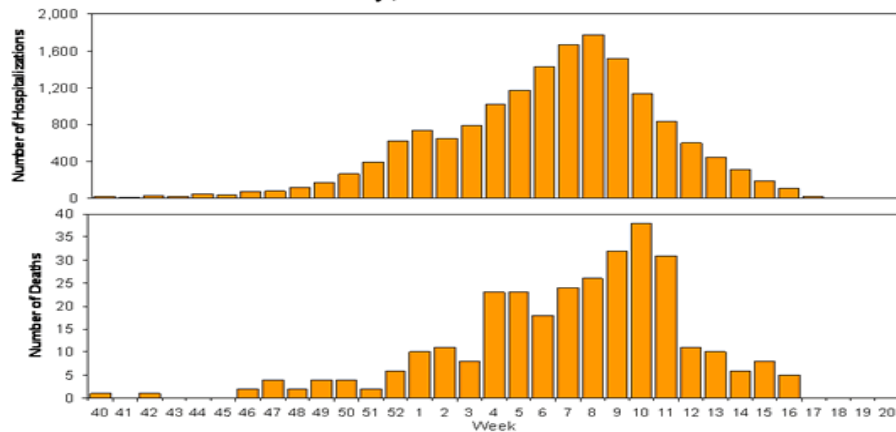
Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS  
Collaborating Laboratories, National Summary, 2010-11



## B. Aggregate Hospitalization and Death Reporting Activity (AHDRA):

This system tracks weekly counts of laboratory-confirmed influenza-associated hospitalizations and deaths and was implemented on August 30, 2009, during the 2009 H1N1 pandemic, and ended on April 4, 2010. AHDRA surveillance during the 2010-11 season has continued on a voluntary basis, and 19 jurisdictions reported during week 17. From October 3, 2010 – April 30, 2011, 16,328 laboratory-confirmed influenza-associated hospitalizations and 310 laboratory-confirmed influenza-associated deaths were reported to CDC.

### Weekly Laboratory-Confirmed Influenza-Associated Hospitalizations and Deaths, National Summary, 2010-11 Influenza Season

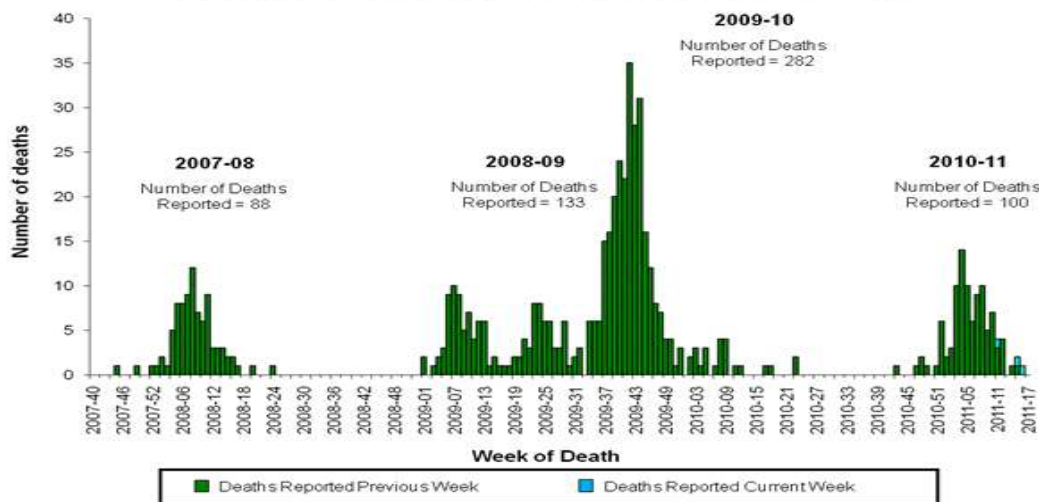


## C. Pediatric Deaths Associated with Flu

Three influenza-associated pediatric deaths were reported to CDC during week 17. One of these deaths was associated with a 2009 influenza A (H1N1) virus, one was associated with an influenza A virus for which the subtype was not determined, and one was associated with an influenza B virus.

One-hundred influenza-associated pediatric deaths from 33 states, Chicago, and New York City have been reported during this influenza season. Forty of the 100 deaths reported were associated with influenza B viruses; 25 were associated with 2009 influenza A (H1N1) viruses; 17 deaths reported were associated with influenza A (H3N2) viruses, and 18 were associated with an influenza A virus for which the subtype was not determined.

### Number of Influenza-Associated Pediatric Deaths by Week of Death: 2007-08 season to present

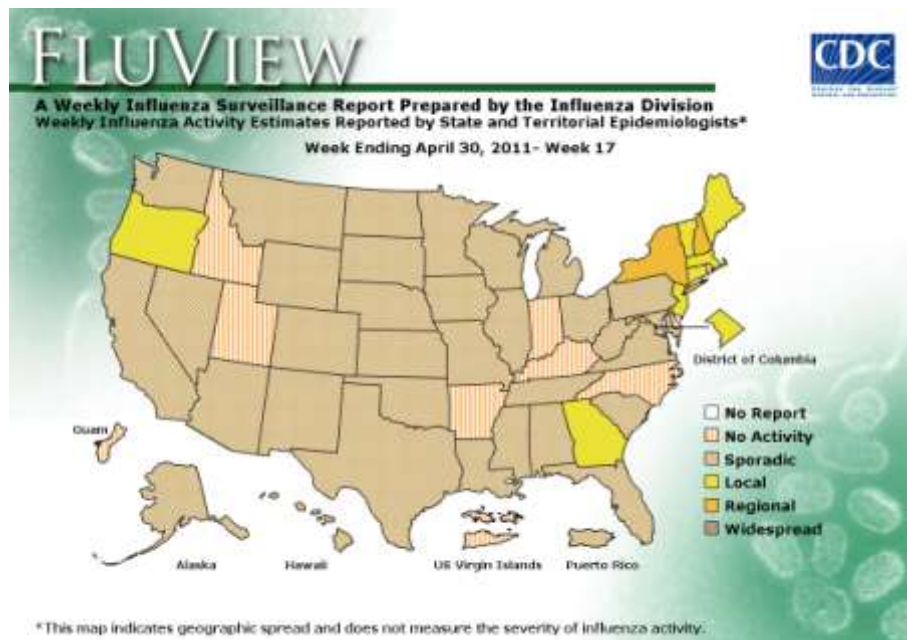


## D. Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists:

The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses, but does not measure the severity of influenza activity.

During week 17, the following influenza activity was reported:

- No states reported widespread influenza activity.
- Regional influenza activity was reported by two states (New Hampshire and New York).



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